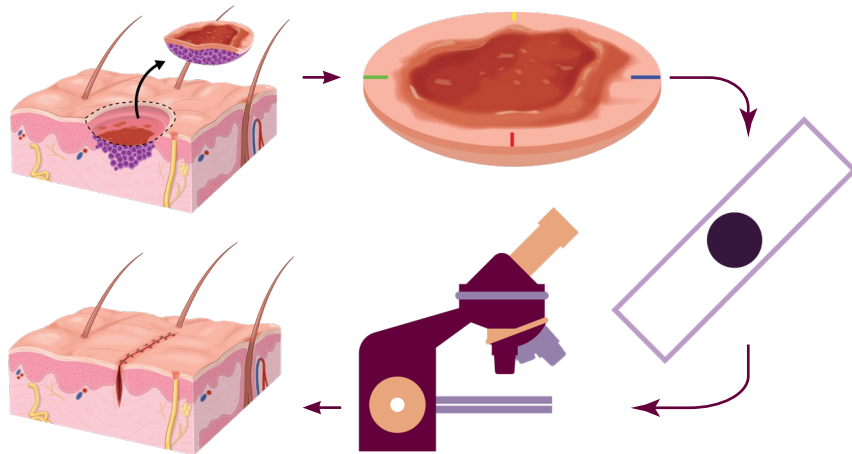


# Mohs Surgery

**Skintel** Precision  
Skin Cancer  
Care

If you have any concerns regarding your treatment, please contact your care team.

Skintel: (09) 24 22 333  
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**Mohs surgery process.** For more information see:  
[www.skintel.co.nz/treatments/mohs-surgery](http://www.skintel.co.nz/treatments/mohs-surgery)

Mohs micrographic surgery (MMS) is the gold standard treatment for most skin cancers of the head and neck. It combines surgical removal with microscopic analysis and aesthetic repair of the wound on the same day.

This results in a high degree of precision, keeping wounds as small as possible while maintaining a higher cure rate than traditional surgery.

The **key advantages** of Mohs surgery are:

- **Most precise** option due to the concurrent microscopic analysis
- **Highest cure rate**
- **Convenience** - results available on the same day means not having to return 3-4 weeks later for another attempt due to incomplete excision

Mohs is normally performed with local anaesthetic. The most common skin cancers removed with Mohs surgery are basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs).

## Closing the Wound

The wound is typically stitched together and requires rest until healed. Often, the wound is elongated and pulled together **directly** creating a straight line. Alternative closure methods include:

**Flaps** recruit adjacent lax skin to close the wound while minimising distortion of adjacent structures. Sometimes flaps are used to hide the scar line in less visible areas. They may result in repairs that are curved or angular in shape.

**A split-thickness skin graft (STSG)** involves taking a superficial 'shave' of skin from a distant area. STSGs are stitched directly onto the wound bed. The donor site will heal like a graze and may also have some discolouration.

**A full-thickness skin graft (FTSG)** involves removing full thickness skin from a distant site which is then stitched into the wound. The donor site is also stitched together. Your doctor will try to choose a donor graft that has the best tissue texture match to optimise the cosmetic outcome.

## Recovery Process

Mohs normally results in a stitched wound that needs to be protected from tension to minimise the risk of popping stitches or the wound opening (dehiscing). Skin grafts are fragile – shearing forces or bleeding can disrupt the graft and result in graft failure. Try to limit physical activity for a few days – as it increases your blood pressure and encourages bleeding.

## Notes

Stitches are removed about 5 days after surgery. If dissolving stitches are used on the surface, they don't need removal and instead disintegrate over 3-4 weeks. Wounds can take several months to achieve full strength.

Dressings are used to support the wound – please try to leave these in place until it naturally comes away from the skin. It is best to keep the area dry after the surgery, however a splash-proof dressing may be used that is safe in the shower. Please avoid soaking in baths or pools until the stitches are removed.

## Complications

Mild discomfort for a few days is normal after surgery. Minor bleeding or ooze for a few days is also normal and can often be controlled with rest.

If the wound becomes red, swollen, or hot to touch, it may indicate infection. If this occurs, please contact your care team at Skintel for further advice.

**Wound check appointment(s):**